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|                      |       |          |
|                      | Class | Subclass |
| ISSUE CLASSIFICATION |       |          |

FILED UNDER 35 U.S.C. 371

**PATENT NUMBER**

**U.S. UTILITY Patent Application**

**O.I.P.E.**

**PATENT DATE**

**SCANNED**

## Q.A

|                              |                   |              |                 |                  |                       |
|------------------------------|-------------------|--------------|-----------------|------------------|-----------------------|
| APPLICATION NO.<br>09/787248 | CONT/PRIOR<br>D F | CLASS<br>156 | SUBCLASS<br>334 | ART UNIT<br>1733 | EXAMINER<br>Gutierrez |
|------------------------------|-------------------|--------------|-----------------|------------------|-----------------------|

## APPLICANTS

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**TITLE**

Sprayable hotmelt adhesive

PTO-2040  
12/99

**ISSUING CLASSIFICATION**

[illegible]

|  <b>TERMINAL<br/>DISCLAIMER</b>                | <b>DRAWINGS</b> |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|---|-----------------|-------------|------------|-----------------------------------|----------------------|
|   | Sheets Drwg.    | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input checked="" type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.                       |                 |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____. |                 |             |            | <b>ISSUE FEE</b>                  |                      |
|   |                 |             |            | Amount Due                        | Date Paid            |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.   |                 |             |            | <b>ISSUE BATCH NUMBER</b>         |                      |

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